

**Utah State Office of Education**  
**2007 - 2008 Utah Learn and Serve K-12**  
**District Application for Service Learning Funding**  
Range: \$2,500 - \$15,000

Instructions: Please fill in this application completely. If desired, the narrative section may be saved as separate document and attached with the application. Please submit documents to:  
heather.culligan@schools.utah.gov

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Applicant District:

Prepared By:

Phone:

Email:

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Project Starting Date:

Completion Date:

Project Director (official grant contact who will receive all grant information):

Name:

Address:

School:

City:

Email:

Zip:

Phone:

Fax:

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Project Abstract: Provide a brief description of your service-learning project (75-100 words):

Budget: State Funds \$ \_\_\_\_\_ Local Match (*min 50%*) \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Projected number of participants: Students \_\_\_\_\_ Adults \_\_\_\_\_

District Superintendent Approval

☐ A check in this box indicates approval from \_\_\_\_\_  
(Enter Superintendent's Name)

**Narrative:** Max 3 pages; double spaced. Produce the narrative as a separate typed document.

**1. Describe the district service learning program proposed and the implementation of the plan. Include:**

- How your district plan will involve K-12 students in meaningful service to communities while integrating with the State Core Curriculum.
- How your plan will address populations of disadvantaged students. The federal goal is 60% by 2010.
- A description of how the project will support the Unified State Plan (<http://volunteers.utah.gov/accomplishments/usp.html>)
- Your training and in-service plan of action for classroom teachers.
- How the service learning plan connects with your local district's strategic plan and other reform efforts, and in what ways the program will utilize current resources within the district community to accomplish this goal.
- How the plan will be connected to Martin Luther King Day of Service.

**2. Describe the projected outcomes of the service learning grant in *measurable terms*. Include:**

- The number of partnerships that will be formed and which will be on-going at the conclusion of the project.
- How this project will lead to an increase in student's civic skills.
- How this project will demonstrate an increase in response to community needs.

**3. How will this process be evaluated? Include:**

- How the projected outcomes will be measured.
- The evaluation tools that will be used.
- How the impact on your targeted audience will be evaluated.
- What the process will be for data collection and record keeping.

**4. What collaborative relationships will be involved in the creation of this program? Include:**

- The extent of interagency/community/higher education involvement and commitment.
- How collaboration will occur and how students and communities will be serviced by these collaborative efforts.
- Identification of other national service programs that will partner with your school (ie: AmeriCorps/VISTA, Senior Corps, etc).
- The plans to integrate service learning in Schools-to-Careers, Character Education, Community of Caring, Safe and Drug Free Schools, Health and HIV education, and/or Diversity Programs.

**5. List the factors ensuring continuation of the program after the grant period. Include:**

- How the money will be used as *seed money* to get new projects started.
- The extent in which the program will garner cooperation within the community or district to continue the provided services.

## DESCRIPTION OF CRITICAL ACTIVITIES

Document as many activities as needed

ACTIVITY 1
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 2
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 3
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 4
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 5
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 6
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 7
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 8
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 9
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 10
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 11
Objective:
Description:
Person Responsible:
Completion Date:

ACTIVITY 12
Objective:
Description:
Person Responsible:
Completion Date:

If additional activity boxes are needed, you may create additional boxes by selecting an existing activity box, and copying (ctrl+c) and pasting (ctrl+v) it below.

## BUDGET AND BUDGET NARRATIVE

Provide budget information details in the "Budget Explanation" section following the table.  
Relate budget expenditures and explanations to planned objectives and activities.

Object Class Category	Grant Share	Local Share (50% Match)	Line Total
<b>A. Salaries/Stipends</b>			
<b>B. Employee Benefits</b>			
<b>C. Purchased Professional and Technical Services</b>			
<b>D. In-service Activities</b>			
<b>E. Supplies and Materials</b>			
<b>F. Equipment</b>			
<b>G. Evaluation Costs</b>			
<b>H. Travel and Transportation</b>			
<b>I. Indirect Costs</b>			
<b>T O T A L S</b>		(At least 50%)	

<b>Mini-Grants</b>	\$ amount per award:  Approximate number of awards:
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**Note:** All expenditures are reimbursed to districts through approved reimbursement requests. Grant monies ARE NOT dispersed at the BEGINNING of the grant period.

### **Budget Explanation**

Please relate budget expenditures and explanations to planned objectives and activities. Applications that do not include explanations in this section will be considered incomplete.

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